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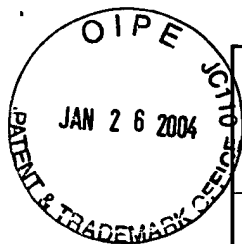
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/623,533	
	Filing Date	September 5, 2000	
	First Named Inventor	Dominique BRIDON	
	Art Unit	1648	
	Examiner Name	J. Parkin	
Total Number of Pages in This Submission	16	Attorney Docket Number	500862001520

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) - 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 12 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return receipt postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Julia R. Rosenthal - 54,410
Signature	<i>Julia R. Rosenthal</i>
Date	January 26, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968417664US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: January 26, 2004	Signature: <i>Victoria A. Wilson</i> (Victoria A. Wilson)

EL968417664US



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>				Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number	09/623,533
TOTAL AMOUNT OF PAYMENT (\$)				Filing Date	September 5, 2000
55.00				First Named Inventor	Dominique BRIDON
				Examiner Name	J. Parkin
				Art Unit	1648
				Attorney Docket No.	500862001520
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:				Large Entity Small Entity	
Deposit Account Number 03-1952				Fee Code Fee (\$)	
Deposit Account Name Morrison & Foerster LLP				Fee Description Fee Paid	
The Director is authorized to: (check all that apply)				1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)				1053 130 1053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
FEE CALCULATION				1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
1. BASIC FILING FEE				1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Large Entity Small Entity				1251 110 2251 55 Extension for reply within first month 55.00	
Fee Code Fee (\$)				1252 420 2252 210 Extension for reply within second month	
1001 770 2001 385 Utility filing fee				1253 950 2253 475 Extension for reply within third month	
1002 340 2002 170 Design filing fee				1254 1,480 2254 740 Extension for reply within fourth month	
1003 530 2003 265 Plant filing fee				1255 2,010 2255 1,005 Extension for reply within fifth month	
1004 770 2004 385 Reissue filing fee				1401 330 2401 165 Notice of Appeal	
1005 160 2005 80 Provisional filing fee				1402 330 2402 165 Filing a brief in support of an appeal	
SUBTOTAL (1) (\$)				1403 290 2403 145 Request for oral hearing	
0.00				1451 1,510 1451 1,510 Petition to institute a public use proceeding	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1452 110 2452 55 Petition to revive - unavoidable	
Total Claims 25 -37 = 0 x 9 = 0.00				1453 1,330 2453 665 Petition to revive - unintentional	
Independent Claims 2 -5 = 0 x 43 = 0.00				1501 1,330 2501 665 Utility issue fee (or reissue)	
Multiple Dependent				1502 480 2502 240 Design issue fee	
Large Entity Small Entity				1503 640 2503 320 Plant issue fee	
Fee Code Fee (\$)				1460 130 1460 130 Petitions to the Commissioner	
1202 18 2202 9 Claims in excess of 20				1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1201 86 2201 43 Independent claims in excess of 3				1806 180 1806 180 Submission of Information Disclosure Stmt	
1203 290 2203 145 Multiple dependent claim, if not paid				8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1204 86 2204 43 ** Reissue independent claims over original patent				1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b))	
SUBTOTAL (2) (\$)				1801 770 2801 385 Request for Continued Examination (RCE)	
0.00				1802 900 1802 900 Request for expedited examination of a design application	
**or number previously paid, if greater; For Reissues, see above				Other fee (specify)	
				*Reduced by Basic Filing Fee Paid	
				SUBTOTAL (3) (\$)	
				55.00	
SUBMITTED BY				(Complete if applicable)	
Name (Print/Type) Julia R. Rosenthal				Registration No. (Attorney/Agent)	54,410
Signature <i>Julia R. Rosenthal</i>				Telephone	(415) 268-7305
				Date	January 26, 2004

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